

**Montana Board of Realty Regulation**  
**301 South Park Avenue 4th Floor**  
**PO Box 200513**  
**Helena MT 59620-0513**  
**PHONE: 406-444-2961 FAX: 406-841-2323**  
**E-MAIL: [dlibsdrre@mt.gov](mailto:dlibsdrre@mt.gov) WEBSITE: [www.realestate.mt.gov](http://www.realestate.mt.gov)**

## **REQUIREMENTS FOR LICENSURE FOR TIMESHARE SALESPERSON AND BROKERS**

### **1. *BY EXAMINATION***

1. Be 18 years of age.
2. Complete a pre-licensing correspondence course given by the Montana Board of Realty Regulation. The course is given upon request.
3. Pass the Timeshare exam given by the Montana Board of Realty Regulation with a score of 80%. The Timeshare exam is given upon request.
4. File a completed application with the Montana Board of Realty Regulation.
5. File a completed personal disclosure statement.
  1. A detailed narrative of your experience in relation to the purchase and sale and negotiations for the purchase and sale of timeshare, condominium, subdivision and real estate interests on your behalf of the behalf of others.
  2. Any and all licenses, certifications, registrations, and permits you have held, including those by a business organization of which you had or have a director or title, or practicing an activity, related to the registration, sale, purchase, lease or other disposition of a timeshare, subdivision, condominium, or real estate.
  3. Any and all violations, including by a business organization of which you had or have as a director or management interest, of any timeshare, condominium, subdivision, real estate or consumer protection law or regulation, whether the violation resulted in criminal, civil or

administrative action.

4. Any and all convictions of a felony for any reason.
5. Any and all civil actions, in law or equity, related to timeshare, condominium, subdivision, real estate, consumer protection or contract, in which you or a business organization of which you had a director of management interest was named as a defendant, cross-defendant, or counterclaim defendant.
6. Any and all voluntary or involuntary bankruptcy proceedings in which the applicant, including a business organization of with the applicant has or had a director or management interest was names as a debtor.
7. A narrative summary of the applicant's credit history and a current credit report, including three references for verification.
8. Three personal references.
9. Three professional references from persons that have been in a supervisory capacity over you or persons that are not and have not been directly affiliated with you.

## **2. *By Real Estate Licensing***

1. Be 18 years of age.
2. Complete a pre-licensing correspondence course given by the Montana Board of Realty Regulation.
3. File a completed application with the Montana Board of Realty Regulation.

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**TIMESHARE BROKER OR SALESPERSON**  
**APPLICATION FOR LICENSE / CERTIFICATE OF COMPLETION**  
**MULTI-USE APPLICATION FORM**

Please fully complete the form and the required supplemental documents by printing or typing, label and include all documents required herein, sign, include a check for the required fee, retain a photocopy for your records, and mail to the above address. You will be notified of the results of the application.

This is a multi-use application form. Please read carefully. Certain parts may not apply to every application.

**TIMESHARE BROKER OR SALESPERSON**

Please provide the following information:

Name \_\_\_\_\_

Name of Development \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

State of Residence \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail Address \_\_\_\_\_

1. Are you presently licensed in Montana as a real estate broker or salesperson?

a. \_\_\_\_\_ yes      b. \_\_\_\_\_ no

2. If above answer is yes, indicate which license you hold.

a. broker \_\_\_\_\_      b. salesperson \_\_\_\_\_

**(Note: Persons presently licensed in Montana as a real estate broker or salesperson doesn't need to take the examination)**

3. Indicate what type of license / certificate you are applying for.

a. \_\_\_\_\_ Timeshare Broker  
b. \_\_\_\_\_ Timeshare Salesperson  
c. \_\_\_\_\_ Certificate of Completion (real estate licensees)

4. If you have not ordered and completed the correspondence course offered through the Board of Realty Regulation, attach documentation demonstrating advance approval of the required course or courses of education, course content, hours, your attendance, your successful completion, and the name, address, and phone number of the instructor or administrator.

6. Please attach hereto a typewritten or printed personal disclosure statement as required by Rule 8.58.604, ARM.

7. If you are not a resident of Montana, you must complete and file with the board an irrevocable consent to service of process. A form is included or available from the board.

8. Please include the appropriate fee.

a. Timeshare Broker.....\$35.00  
b. Timeshare Salesperson....\$15.00

I hereby certify that this application and the required supplemental documents are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## CONSENT TO SERVICE OF PROCESS

The undersigned applicant for (timeshare broker or salesperson license/certificate of completion or registration of timeshare offering) in the state of Montana, hereby irrevocably consents that legal action may commenced against the undersigned in any county of the state of Montana in which the plaintiff having a claim for relief may reside and that service of process and pleadings may be made by delivering two duplicate copies of such process and pleadings to the director, department of labor, state of Montana, and shall be taken and held in all courts to be valid and binding as if made upon the undersigned.

Done and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature of Timeshare Broker/Salesperson –Applicant \_\_\_\_\_

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
For the State Of Montana

My commission expires \_\_\_\_\_